

State of New Jersey  
Department of Law and Public Safety  
Division of Criminal Justice

APPLICATION FOR  
EMPLOYMENT FOR  
DEPUTY ATTORNEYS GENERAL



The State of New Jersey is an  
Equal Opportunity Employer

## APPLICATION FOR EMPLOYMENT

Formed under the Criminal Justice Act of 1970, the Division of Criminal Justice is the extension of the Attorney General's role as the State's Chief Law Enforcement Officer.

New Jersey's unified, integrated system of law enforcement is unique in the nation. The Criminal Justice Act of 1970 designated the Attorney General as the Chief Law Enforcement Officer of the State. The Division of Criminal Justice, on behalf of the Attorney General, provides a variety of functions pertaining to the administration of criminal justice.

Primarily, the Division is charged with the responsibility to detect, enforce and prosecute the criminal business of the State through the uniform and efficient administration of our criminal laws. In addition to its direct law enforcement operations, the Division provides oversight and coordination within New Jersey's law enforcement community.

The activities of the Division are conducted through a staff consisting of deputy attorneys general, investigators, professional and clerical personnel.

It is the goal of the Division of Criminal Justice to coordinate law enforcement efforts and cooperate to share resources within criminal justice communities on the state, county and municipal levels, to ensure the safety and security of all New Jersey citizens.



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## **Attorney Application Form**

The completed application form and attached certification should be returned to Chief of Staff, Division of Criminal Justice, Richard J. Hughes Justice Complex, 25 Market Street, PO Box 085, Trenton New Jersey 08625. If you have any questions concerning the completion of the application, its attachments or its utilization in the employment process, please contact the Human Resources Office at the above noted address or by the telephone at 609-292-9654. **Your application must include a legal writing sample and your law school transcripts (see page 10 of the application). Your application will not be considered complete and will not be processed until these documents are received.**

### **\*Privacy Act Notice**

You need not provide your social security number at this time but it is requested as a convenience to the appointing authority in assembling personal data relating to your employment. You will, however, be required to provide your social security number if you accept an offer of employment. Your social security number will be used to satisfy requirements under the Internal Revenue and Social Security Acts of the United States. Also, if a background investigation is required for the position for which you are applying, your social security number will be used as an identifier in performing that investigation.

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_

Office Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_

Social Security No: \_\_\_\_\_

(\*See Privacy Act Notice on Page 2)

Drivers License: State License #: \_\_\_\_\_

Admitted to Practice Law: State and Year \_\_\_\_\_

If not a member of the New Jersey Bar, give date on which New Jersey Bar exam will be taken:

\_\_\_\_\_

Position Applying For: \_\_\_\_\_

\_\_\_\_\_

**Educational Record:**

Law School: \_\_\_\_\_

Location: \_\_\_\_\_

Date of Admission: \_\_\_\_\_  
(Month & Year)

Date of Graduation: \_\_\_\_\_  
(Month & Year)

Degree: \_\_\_\_\_

Class Standing: \_\_\_\_\_

Honors: \_\_\_\_\_

Activities: \_\_\_\_\_

College/University: \_\_\_\_\_

Location: \_\_\_\_\_

Date of Admission: \_\_\_\_\_  
(Month & Year)

Date of Graduation: \_\_\_\_\_  
(Month & Year)

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Degree: \_\_\_\_\_

Class Standing: \_\_\_\_\_

Honors: \_\_\_\_\_

Activities: \_\_\_\_\_

Graduate School: \_\_\_\_\_

Location: \_\_\_\_\_

Date of Admission: \_\_\_\_\_  
(Month & Year)

Date of Graduation: \_\_\_\_\_  
(Month & Year)

Degree: \_\_\_\_\_

Class Standing: \_\_\_\_\_

Honors: \_\_\_\_\_

Activities: \_\_\_\_\_

**Employment Record:** (Begin with present position and work back)

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates in Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates in Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates in Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_
4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates in Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Do you have any objection to the Division of Criminal Justice making inquiries to any of the above listed employers?   ☐ Yes   ☐ No   If "Yes," please indicate reason: \_\_\_\_\_

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**References:** Set forth at least three (3) names and addresses including two (2) attorneys, if possible, and one (1) law school professor. Please provide complete addresses and telephone numbers if available.

1.     Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
       Address: \_\_\_\_\_  
                 \_\_\_\_\_

2.     Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
       Address: \_\_\_\_\_  
                 \_\_\_\_\_

3.     Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
       Address: \_\_\_\_\_  
                 \_\_\_\_\_

Professional Affiliations: \_\_\_\_\_  
   \_\_\_\_\_

Awards: \_\_\_\_\_  
\_\_\_\_\_

Publications: \_\_\_\_\_  
\_\_\_\_\_

Civic Activities: \_\_\_\_\_  
\_\_\_\_\_

**Miscellaneous:**

1. Have you ever been convicted of a violation of law other than a motor vehicle violation or been placed in a pre-trial intervention program? ☐ Yes ☐ No

If "Yes," please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever been disciplined by an employer, military establishment or educational institution for improper conduct? ☐ Yes ☐ No

If "Yes," please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(**Note:** A response of yes to either or both of the above questions will not necessarily result in a denial of employment.)



3. Are you engaged in any business or employment which you plan to continue if employed by the State?

☐ Yes ☐ No If "Yes," please explain: \_\_\_\_\_

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4. Would the nature of any other of your activities or circumstances present possible conflicts of interest should you be employed by the State?

☐ Yes ☐ No If "Yes," please explain: \_\_\_\_\_

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5. Please add any additional information which will help us in placing you where you are best qualified.

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**Note:** It is the policy of the Division of Criminal Justice that no applicant will be employed by the Division of Criminal Justice except on the condition that the applicant agrees not to engage in the private practice of law during his or her period of employment and further agrees to remain with the Division for three years from the date of employment.

I hereby certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief and agree to the terms and conditions set forth herein.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Printed:** \_\_\_\_\_

**Please attach any other relevant material which you wish to be considered by this office.**

In order for your application to be complete, a transcript of your scholastic record must be sent to the Human Resource Management Office. **Please complete this request and send it directly to your Law School in order to have your transcript forwarded for retention with your application.**

I will/have receive(d) a Juris Doctorate degree in \_\_\_\_\_ from  
(Year)

\_\_\_\_\_  
(Law School)

located at \_\_\_\_\_  
(Address)

In connection with my application for employment, I hereby authorize the  
\_\_\_\_\_ School of Law to forward a  
transcript of my scholastic record to:

Human Resource Management  
Office of the Attorney General  
Richard J. Hughes Justice Complex  
25 Market Street, PO Box 081  
Trenton, New Jersey 08625

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Printed:** \_\_\_\_\_

## CERTIFICATION

I authorize the Division of Criminal Justice to verify any and all information in my application for employment.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Sign in Ink)

(Print or type name)

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

(Signature)

(Print Name and Title)

Notary Public, my Commission

expires \_\_\_\_\_  
(Affix Notarial Seal)

Execute before a Notary Public or an Attorney-at-Law of New Jersey. If you do not have a Notary or a New Jersey Attorney available, you may bring this Certification to this office and one will be provided without charge.

VOLUNTARY AFFIRMATIVE ACTION INFORMATION  
(Completion of Information Below is Voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job related medical conditions or disability or any other legally protected status.

Date \_\_\_ / \_\_\_ / \_\_\_ Position(s) applied for \_\_\_\_\_

Referral Source ☐ Advertisement ☐ Relative ☐ Walk-in ☐ School ☐ Employee  
☐ Government Employment Agency ☐ Private Employment Agency

☐ Other (Specify) \_\_\_\_\_

☐ Name of Source (If Applicable) \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

( )  
Area Code Phone

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your response to this survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision. Please mail this information to: Equal Employment Opportunity and Affirmative Action Officer, Richard J. Hughes Justice Complex, P.O. Box 081, Trenton, NJ 08625.

Check One.....☐ Male ☐ Female

Check on of the following Race/Ethnic Groups:

☐ Hispanic ☐ Black ☐ White ☐ American Indian/Alaskan Native ☐ Asian/Pacific  
Islander

Check if any of the following are applicable:

(Veteran) ☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Handicapped Individual

**To be completed by applicant - not for interview purposes - to be filed separately from application with Divisional Affirmative Action Officer.**



State of New Jersey  
Office of the Attorney General  
Department of Law & Public Safety  
Division of Criminal Justice  
PO Box 085  
Trenton, New Jersey 08625-0085  
Telephone (609) 984-6500

AUTHORIZATION & RELEASE

STATE OF NEW JERSEY

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_ (Full Name) do hereby authorize a review and full disclosure of all records and information concerning myself to any duly authorized agent or representative of the Department of Law & Public Safety of the State of New Jersey, whether the said records or information are of a public, private or confidential nature to include information contained in any expunged or sealed records. I also authorize and request every person, firm, company, corporation, governmental agency, be they municipal, county, state, or federal court, financial or medical institution or any other organization having control of any documents, records and other information pertaining to me, to furnish to the Department of Law & Public Safety any such information, including documents, records, files, regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Department of Law & Public Safety or any of its agents or representatives to inspect and make copies of such documents, records and other information. I also authorize the New Jersey Division of Taxation to obtain and provide the Department of Law & Public Safety with any and all records pertaining to the filing of state, federal and out of state tax returns.

I hereby request and authorize the Department of the \_\_\_\_\_ (Army, Navy, Air Force) to furnish to the Department of Law and Public Safety the record of each period of my service therein, and to furnish the character of service rendered for each period. My serial number (social security number) was \_\_\_\_\_ (**Supply Form DD214**). I understand that any information obtained by a confidential background investigation which is developed directly or indirectly, in whole or in part, upon this Authorization and Release will be considered in determining my suitability for employment by the Division of Criminal Justice.

I hereby release, discharge and exonerate the Department of Law and Public Safety, its agents and representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection, or collection of such documents, records, and other information or the investigation made by the Department of Law & Public Safety.

A photocopy of this Authorization and Release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of the Authorization and Release.

Sworn and Subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print name and Title)

\_\_\_\_\_  
(Affix Notarial Seal)

\_\_\_\_\_  
Signature (include maiden name)

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Execute before a Notary Public or an Attorney at Law of New Jersey. If you do not have a Notary or a New Jersey Attorney available, you may bring this form to this Office and one will be provided without charge.